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Attorney Docket Number 90243 **DECLARATION FOR** UTILITY OR DESIGN First Named Inventor Adam Alfred Musial Long PATENT APPLICATION (37 CFR 1.63) COMPLETE IF KNOWN Application Number To Be Assigned Declaration
 ■ Declaration Submitted Submitted after Initial Filing Date with Initial Filing OR Filing (surcharge (37 CFR 1.16 (e)) Of Even Date Group Art Unit required)

		Examiner N	ame				
As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
QUALITATIVE DATA ANALYSIS SYSTEM AND METHOD							
	(Title	of the Invention)					
the specification of which is attached hereto							
is attached hereto OR							
was filed on (MM/DD/YYYY) was amended on (MM/DD/Y	as United 5	States Application N Nicable).	umber or PCT in	tematio	nal Application	Number and	
I hereby state that I have reviewed by any amendment specifically rel	and understand the conter ferred to above.	nts of the above iden	tified specificatio	n, inclu	ding the claim	s, as amended	
I acknowledge the duty to disclose	information which is mate	rial to patentability	as defined in 37	CFR 1.	56.		
I hereby claim foreign promity benefits under 35 U.S.C. 11(9)/d) or 35(9), of any foreign application() for patent of inventors, certificate, or 55(9) of any PCT international application which deleptated a listed one overlay other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which profity is claimed.							
Prior Foreign Application Numbers	Country	Foreign Filing Date Priority Certified Copy Attache (MM/DD/YYYY) Not Claimed YES NO					
					_	_	
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date (MM/D	D/YYYY)	numi priori	bers an	rovisional app e listed on a s sheet TPO/S reto.	upplemental	
urden Hour Statement: This form is e	stimated to take 0.4 hours to	complete. Time will	ary depending up	on the	needs of the inc	ívidual case, Any	

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Patents, Washington, DC 20231.

## **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application I nervery carm are overein uneer 30 U.S.V. 120 of any United States applications; or doctor any PCT infernational application of designating the United States of America, listed below and, insolars as the subject matter of Sea of the California of the application is not designated to the control of the subject of the su Parent Filing Date U.S. Parent Application Parent Patent Number (MM/DD/YYYY) or PCT Parent Number (if applicable) PCT/AU2004/001451 10/22/2004 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all Customer Number 09355 business in the Patent and Trademark Office connected therewith: Registered practitioner(s) name/registration number listed below Name Registration Number Name Registration Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number OR Correspondence address below or Bar Code Label <u>0935</u>5 Name Jacqueline E. Hartt Address Allen, Dver, Doppelt, Milbrath & Gilchrist, P.A. Address 255 South Orange Avenue, Suite 1401 P.O. Box 3791 City/State/Zip Orlando, Florida 32802-3791 Telephone Fax Country (407) 841-2330 US (407) 841-2343 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor П A petition has been filed for this unsigned inventor. Given Name (first and middle - [if any]) Family Name or Surname Adam Alfred Musial Long Date inventor's Signature Country Citizenship Residence Australian Rowville, Victoria Australia Post Office Address 8 Affleck Way City/State/Zip Rowville, Victoria 3178 Country Australia

Additional inventors are being named on the \_\_\_\_ supplemental additional trientor(s) sheet(s) PTO/SB/02A attached hereto.

FIGS 80 2. (B47)
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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Addition	A petition has been filed for this unsigned inventor.					
Given Nam	ne (first and middle — [if any])		Family Name	e or Surname		
	Jacki Jacki	e Duke				
Inventor's Signature	1			Date	16/6/06	
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Post Office Address	25 Martin Street					
City/State/Zip	Brighton, Victoria 3164	Country	Australia			
		•	·			
Name of Addition	Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor.					

Name of Addition	al Joint Inventor, if any:	A petition has been filed for this unsigned inventor.					
Given Nan	ne (first and middle — (if any))		Family Name or Surname				
	Li	nda Godfrey					
Inventor's Signature				Date			
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City/State/Zip	Glen Waverley, Victoria 3150			Country	Australia		

Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor.					
Given Name (first and middle — [if any])			Family Name or Surname				
		Tom R	ichards				
Inventor's Signature	Thurado			Date	9/6/06		
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ADDITIONAL INVENTOR(S)

PLOS BOZA, (147)
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DECLARATION Supplem				ental Sheet	
Name of Addition	al Joint Inventor, if any:	□ Ap	etition has been file	ed for this unsign	ned inventor.
Given Name (first and middle — [if any]) Family			Family Nam	e or Surname	
	Кепту	Leigh Hicks			
Inventor's Signature		Date			
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